

## 2011 DENTAL PLAN COMPARISON

	DELTA DENTAL	
Choice of Dentist	Choose any dentist you wish for services and receive applicable benefits. Save the most with a Delta Dental PPO network participating dentist; use a dentist from the Delta Dental Premier network and experience limited savings; or use a non-participating dentist. Percentages below are based on Delta's applicable allowances and not the dentist's actual charge. Payments to non preferred providers are based on Reasonable and Customary (not billed) charges.	
Maximum Benefit/Deductible	\$1,000 per year per person \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person \$50 deductible per year per person; \$150 family maximum
Type I	STANDARD	ENRICHED
	Plan Pays (No deductible)	Plan Pays (No deductible)
0150 Comprehensive Oral Evaluation -New or Established	100%	100%
0120 Periodic Oral Exam	100%	100%
X-rays	100%	100%
1110/20 Prophylaxis	100% (Twice per calendar year)	100% (Twice per calendar year)
1203 Fluoride Treatment (children up to the age 19)	100%, 2x per year	100%, 2x per year
1351 Sealant - per tooth	100% to age 16	100% to age 16
1510 Space Maintainers	100% to age 19	100% to age 19
Type II	*	*
Fillings: (silver)		
2330 one surface	100% PDP/ 75% Non PDP	100% PDP/ 75% Non PDP
2331 two surfaces	100% PDP/ 75% Non PDP	100% PDP/ 75% Non PDP
2332 three surfaces	100% PDP/ 75% Non PDP	100% PDP/ 75% Non PDP
2335 four or more surfaces	100% PDP/ 75% Non PDP	100% PDP/ 75% Non PDP
2390 resin crown, anterior	100% PDP/ 75% Non PDP (once per tooth in 24 mo.)	100% PDP/ 75% Non PDP (once per tooth in 24 mo.)
2394 resin, four or more surfaces, posterior	100% PDP/ 75% Non PDP (once per tooth in 24 mo.)	100% PDP/ 75% Non PDP (once per tooth in 24 mo.)
Root canals:		
3310 Anterior	75%	75%
3320 Bicuspid	75%	75%
3330 Molar	75%	75%
3410 Apicoectomy	75%	75%
Extractions:		
7111 Single tooth	75%	75%
7140 Extraction, erupted tooth or exposed tooth	75%	75%
7210 Surgical extraction of erupted tooth	75%	75%
Periodontics: (gum treatment)		
4341 Periodontal scaling & root planning-per quadrant	75%	75%

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4210 Gingivectomy/gingivoplasty - per quadrant	75%	75%
4910 Periodontal maintenance procedures	75%	75%
<b>Type III</b>	*	*
Crown & Bridge		
2930 Prefabricated stainless steel primary tooth	50%	50%
2791 Crown full cast predominately base metal	50%	50%
<b>2750 Crown- porcelain fused to high noble metal</b>	<b>50% (once per tooth within a 5 year period)</b>	<b>50% (once per tooth within a 5 year period)</b>
2751 Crown Porcelain fused to base metal	50%	50%
Pontics:		
6210 Full cast	50%	50%
6240 Porcelain fused to metal	50%	50%
<b>6750 Crown-porcelain fused to high noble metal</b>	<b>50% (once per tooth within a 5 year period – age 16+)</b>	<b>50% (once per tooth within a 5 year period – age 16+)</b>
Prosthodontics (Dentures)		
5110 Complete upper	50%	50%
5120 Complete lower	50%	50%
5213/14 Partial upper or lower - cast metal base	50%	50%
<b>ORTHODONTIA</b>		
Consultation	Not Covered	Adult & Children covered at 50% after a one time deductible of \$50 per person. \$1,000 lifetime maximum
Evaluation	Not Covered	
Records	Not Covered	
Children - Normal Class II	Not Covered	
Adult - Normal Class II	Not Covered	
8750 Retention	Not Covered	
	All Type II and III charges subject to annual deductible	*The above reimbursements are exclusive of gold.

## 2011 DENTAL PLAN COMPARISON

	HUMANA-OHS	
Choice of Dentist	Limited to Participating Dentists in Private Practice	Limited to Participating Dentists in Private Practice
Maximum Benefit/Deductible	No Maximum No Deductible	No Maximum No Deductible
Type I	STANDARD	ENRICHED
	You Pay	You Pay
0150 Comprehensive Oral Evaluation -New or Established	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
X-rays	No Charge	No Charge
1110/20 Prophylaxis	No Charge (Once every 6 months)	No Charge (Once every 6 months)
1203 Fluoride Treatment (children up to the age 19)	No Charge	No Charge
1351 Sealant - per tooth	6.00	No Charge
1510 Space Maintainers	40.00	No Charge
Type II		
Fillings: (silver)		
2330 one surface	10.00	No Charge
2331 two surfaces	18.00	No Charge
2332 three surfaces	23.00	No Charge
2335 four or more surfaces	60.00	60.00
2390 resin crown, anterior	90.00	90.00
2394 resin, four or more surfaces, posterior	130.00	130.00
Root canals:		
3310 Anterior	90.00	45.00
3320 Bicuspid	155.00	90.00
3330 Molar	200.00	145.00
3410 Apicoectomy	75.00	65.00
Extractions:		
7111 Single tooth	No Charge	No Charge
7140 Extraction, erupted tooth or exposed tooth	No Charge	No Charge
7210 Surgical extraction of erupted tooth	15.00	No Charge
Periodontics: (gum treatment)		
4341 Periodontal scaling & root planning-per quadrant	40.00	40.00

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	HUMANA-OHS	
4210 Gingivectomy/gingivoplasty - per quadrant	120.00	90.00
4910 Periodontal maintenance procedures	25.00	25% Discount
<b>Type III</b>		
Crown & Bridge		
2930 Prefabricated stainless steel primary tooth	25.00	No Charge
2791 Crown full cast predominately base metal	210.00*	175.00*
<b>2750 Crown- porcelain fused to high noble metal</b>	275.00 + Lab fees	275.00 + Lab fees
2751 Crown Porcelain fused to base metal	210.00*	175.00*
Pontics:		
6210 Full cast	25% Discount*	25% Discount*
6240 Porcelain fused to metal	25% Discount*	25% Discount*
<b>6750 Crown-porcelain fused to high noble metal</b>	275.00 + Lab fees	275.00 + Lab fees
Prosthodontics (Dentures)		
5110 Complete upper	230.00	205.00
5120 Complete lower	230.00	205.00
5213/14 Partial upper or lower - cast metal base	275.00	240.00
<b>ORTHODONTIA</b>		
Consultation	25% Discount	No Charge
Evaluation	25% Discount	25.00
Records	25% Discount	200.00
Children - Normal Class II	25% Discount	1,400.00
Adult - Normal Class II	25% Discount	1,950.00
8750 Retention	25% Discount	25% Discount
	Humana OHS does not require prior authorization or referrals to seek treatment with a participating Humana OHS Specialist. *Cost of high noble metal additional.	

## 2011 DENTAL PLAN COMPARISON

	<b>METLIFE DHMO (SAFEGUARD)</b>	
<b>Choice of Dentist</b>	Limited to Participating Dentists within the DHMO Network	Limited to Participating Dentists within the DHMO Network
<b>Maximum Benefit/Deductible</b>	No Maximum No Deductible	No Maximum No Deductible
<b>Type I</b>	<b>STANDARD</b>	<b>ENRICHED</b>
	<b>Member Pays</b>	<b>Member Pays</b>
0150 Comprehensive Oral Evaluation -New or Established	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
X-rays	No Charge	No Charge
	<u>Up to four per year:</u>	<u>Up to four per year:</u>
1110/20 Prophylaxis	No Charge (Twice every 12 months) \$15 (2 additional every 12 months)	No Charge (Twice every 12 months) \$14 (2 additional every 12 months)
1203 Fluoride Treatment (children up to the age 19)	No Charge	No Charge
1351 Sealant - per tooth	No Charge	No Charge
1510 Space Maintainers	25.00	No Charge
<b>Type II</b>		
<b>Fillings: (silver)</b>		
2330 one surface	10.00	No Charge
2331 two surfaces	18.00	No Charge
2332 three surfaces	23.00	No Charge
2335 four or more surfaces	25.00	No Charge
2390 resin crown, anterior	30.00	\$30
2394 resin, four or more surfaces, posterior	65.00	\$65
<b>Root canals:</b>		
3310 Anterior	90.00	45.00
3320 Bicuspid	155.00	90.00
3330 Molar	200.00	145.00
3410 Apicoectomy	75.00	65.00
<b>Extractions:</b>		
7111 Single tooth	No Charge	No Charge
7140 Extraction, erupted tooth or exposed tooth	No Charge	No Charge
7210 Surgical extraction of erupted tooth	15.00	No Charge
<b>Periodontics: (gum treatment)</b>		
4341 Periodontal scaling & root planning-per quadrant	40.00	40.00

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	<b>METLIFE DHMO (SAFEGUARD)</b>	
4210 Gingivectomy/gingivoplasty - per quadrant	120.00	90.00
4910 Periodontal maintenance procedures	25.00	25.00
<b>Type III</b>		
Crown & Bridge		
2930 Prefabricated stainless steel primary tooth	25.00	No Charge
2791 Crown full cast predominately base metal	\$210.00	\$175.00
<b>2750 Crown- porcelain fused to high noble metal</b>	\$290.00	\$290.00
2751 Crown Porcelain fused to base metal	\$210.00	\$175.00
Pontics:		
6210 Full cast	25% Discount	25% Discount
6240 Porcelain fused to metal	25% Discount	25% Discount
<b>6750 Crown-porcelain fused to high noble metal</b>	\$290.00	\$290.00
Prosthodontics (Dentures)		
5110 Complete upper	230.00	205.00
5120 Complete lower	230.00	205.00
5213/14 Partial upper or lower - cast metal base	245.00	240.00
<b>ORTHODONTIA</b>		
Consultation	25% Discount	No Charge
Evaluation	25% Discount	No Charge, Covered under code D8660
Records	25% Discount	250.00
Children - Normal Class II	25% Discount	1,400.00
Adult - Normal Class II	25% Discount	1,950.00
8750 Retention	25% Discount	250.00 (D8680)
	Additional Costs: High noble metal fees capped at \$150 crown; Porcelain fees capped at \$75 per crown	Additional Costs: High noble metal fees capped at \$150 crown; Porcelain fees capped at \$75 per crown
	<b>Self Referral Plan:</b> The following co-payments apply only when services are performed by your selected SafeGuard dentist. If you choose to receive services from a SafeGuard contracted dentist whose practice is limited to specialty care (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 75% of that dentist's usual fee for those services	<b>Direct Referral Plan:</b> During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider; no referral or pre-authorization from SafeGuard is required